MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05344

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 412 - Bloomsbury

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Emerson (Last) Archibald

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 20 1922

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Home construction

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bryant Archibald

14. MOTHER'S MAIDEN NAME: Cora Bell Salsgiver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alva Lee Cox - Step-father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest -

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

(CITY OR TOWN) College Park (COUNTY) Pr. Geo. (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 5 - 12 - 50 - 6.20 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile collision - two vehicles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Md. 5-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5/16/50 — NAME OF CEMETERY OR CREMATORY Greenwood — LOCATION (City, town, or county) (State) Orlando Fla.

DATE REC'D BY LOCAL REG. 5/12/50 — REGISTRAR'S SIGNATURE Amanda Mooney John D. Smith

24. FUNERAL DIRECTOR — ADDRESS Edward MacNabb and Son 3467 Baltimore Md.

RECEIVED
MAY 16 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05345

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place). 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 16T Ridge Rd.

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Marie (Last) Arnold

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept. 15, 1926
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File Clerk
10b. KIND OF BUSINESS OR INDUSTRY Vet. Admin.
11. BIRTHPLACE (State or foreign country) Bell Buckle, Tenn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emmett Richard Arnold
14. MOTHER'S MAIDEN NAME Leona Lillian Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. yes - ?
17. INFORMANT AND ADDRESS Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction due to Post Op. adhesions causing	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) perforation and Gangrene of ileum	3 hours
	(c) Ureteral Calculi Rt.	5 days

578x
122b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-6-50
19b. MAJOR FINDINGS OF OPERATION perforation of Gangrenous ileum, Generalized peritonitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 5-45 p m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 5-6-50

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF 5/7/50
NAME OF CEMETERY OR CREMATORY Hazel Cemetery
LOCATION (City, town, or county) Bell Buckle (State) Tenn

DATE REC'D BY LOCAL REG. May 6, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F Gasch & Sons Hyattsville ADDRESS Md

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 9 1980
BUREAU P. S.

05346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince George's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale, LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham Md
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Gerald Baby Boy Barr
4. DATE OF DEATH (Month) (Day) (Year): May 29 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 5/26/50
9. AGE last birthday: 3 day yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Leland Mem. Hosp. Riverdale Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard Eugene Barr
14. MOTHER'S MAIDEN NAME: Joy Bernice Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage due to Birth trauma — INTERVAL BETWEEN ONSET AND DEATH: 3 days

760.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

160a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1950, to May 29 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 6:35 A m., from the causes and on the date stated above.

SIGNATURE: L W Malin MD (Degree or title) ADDRESS: Riverdale Md DATE SIGNED: 5-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/31/50 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county): Bladensburg (State) Md
DATE REC'D BY LOCAL REG.: May 31, 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy) — 24. FUNERAL DIRECTOR: L. Gasch's sons Hyattsville Md. ADDRESS:

2-0 5-26-0-20-2-42-9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

RECEIVED
JUN 3 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05347

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville, Md.
STREET ADDRESS (If rural, give location): 2001 Powhatan Rd 2:50 P.M.

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) JOHN (Last) Bechtold

4. DATE OF DEATH: (Month) 5 - (Day) 24 - (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: 1-3-1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. & Owner
10b. KIND OF BUSINESS OR INDUSTRY: Hotel & Rest. Supplier
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frederick Bechtold
14. MOTHER'S MAIDEN NAME: Julia Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): W.W.I.
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Sister (Alma C. Burgess) Hyatts, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490x Immediate cause (a) Toxemia due to Bilateral Lobar pneumonia with consolidation

Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Serofibrinous pleuritis with adhesions.

(c) Chronic passive congestion

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Pericardial Effusion.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 2 50 P m., from the causes and on the date stated above.

SIGNATURE: Ronald S. Fleischer M.D. (Degree or title) — ADDRESS: 5432 Queens Chapel Rd Hyattsville Md — DATE SIGNED: 5/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 29/1950 — NAME OF CEMETERY OR CREMATORY: Arlington Natl — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: May 26, 1950 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: Riverdale, Md

15660

RECEIVED
MAY 27 1950
BUREAU V. S.

05348

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 3 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3715 Rhode Island Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 3715 Rhode Island Ave

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) A. (Last) Boyle
4. DATE OF DEATH (Month) May (Day) 7 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-25-1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Paul Relaham - Roomer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular renal disease

442 X Antecedent cause(s) (b) Arteriosclerosis

131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Md. DATE SIGNED 5-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/9/50
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. May 8, 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gascho Sons Hyattsville Md ADDRESS

+VX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 11 1960
BUREAU F. B. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

65349

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alms House Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) Alms House Road

3. NAME OF DECEASED (Type or Print): (First) Benson (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1876

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Annie Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442x **Immediate cause** (a) Uremia

1310 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T. Boyd (Degree or title) M.D. ADDRESS: Forestville Md. DATE SIGNED: 5-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 4, 1950 | NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery | LOCATION (City, town, or county): Suitland (State): Maryland

DATE REC'D BY LOCAL REG.: May 2-50 | REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: John T. Stewart ADDRESS: 30 "H" St. N.E. Wash. D.C.

OOOVV

RECEIVED
MAY 6 1950
BUREAU V. S.

05350

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradbury Park
LENGTH OF STAY (If in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54th and W Streets

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 137 13th Street N.E.

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) Carlton (Last) Buddington
4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 50
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/28/15
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Dairy
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Edward Buddington
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW # 2
16. SOCIAL SECURITY NO.
17. INFORMANT Rubie Buddington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute carbon monoxide poisoning

(c)

973.1
163M

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at place of death (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 5 (Day) 21 (Year) 1950 (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran hose from exhaust of car into ca

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 5/21/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-23-50 NAME OF CEMETERY OR CREMATORY Arlington Nat'l LOCATION (City, town, or county) (State) Ft Myer, Va

DATE REC'D BY LOCAL REG. May 21, 1950 REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell
24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS Washington DC

420 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05351

CERTIFICATE OF DEATH

Reg. Dist. No. 642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mary Ester Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 years

Hospital, Institution, or street address where death occurred: Dist. Col. Park Hosp.

How long in hospital or institution? 1 day 1950

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Prince Geo.

City or town: Mary Ester Park

(If outside city or town limits, write RURAL, and give nearest town)

Street No.: 6118 Juniper

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME George Richard Burke

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Alice Etz Burke

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Born 1879

8. AGE: Years 71 | Months 6 | Days 5 | If less than one day: hrs. 18 min. 47

9. Birthplace: Nov. 18 1879 Charles Co. Md.

(Town, county, and State)

10. Usual occupation: Farmer

11. Industry or business

MOTHER FATHER

12. Name: Geo. Washington Burke

13. Birthplace: Charles Co. Md.

14. Maiden name: Mary Thomas Burke

15. Birthplace: Charles Co. Md.

16. Informant: Mrs. Alice Etz Burke

Address: Washington 19, D. C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10 50 (month) (day) (year)

Cemetery or crematory: Episkany Church Cemetery

Location: Forestville, Maryland

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Maryland

19. May 9 1950 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7 1950 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1950 to May 7 1950 and that I last saw him alive on May 7 1950

Immediate cause of death: Cerebral thrombosis

Due to: Hypertension

Due to: Pulmonary Edema

Other conditions: Complete right hemiplegia

(Include pregnancy within 3 months of death)

DURATION: 1 yr. 1 yr. 1 yr.

Major findings of operations: 331X 83a

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. A. Gray M.D.

M. D. or Coroner

Address: Upper Marlboro, Md. Date signed: May 7 1950

RECEIVED
MAY 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C5352

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. General Hos. ~~Joseph Elmer~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Elmer (Last) CANTER

4. DATE OF DEATH (Month) 5 (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 19-1906
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Tenant Tobacco
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Joseph Canter (deceased)
14. MOTHER'S MAIDEN NAME Cora Irene Perrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Maude Tippett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	Unk.
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 1950, to 15 May, 1950, that I last saw the deceased alive on 15 May, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Robert B. Tasscer (Degree or title) MD ADDRESS Upper Marlboro Md DATE SIGNED 15 May 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-19-50
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) (State) Upper Marlboro - Md.

DATE REC'D BY LOCAL REG. May 18, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro - Maryland

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05353

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 3 mo., 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 920 C. St., S. E.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) R (Last) CANTER

4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3/27/1906

9. AGE last birthday: 44 yrs. If under 1 year: Months 1; Days 15; If under 24 hrs.: Hours –; Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wm. Jenkins

14. MOTHER'S MAIDEN NAME: Frances Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.: 579-09-5801

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis. — Interval Between Onset and Death: 9 months

0022

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1310

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 5/12, 1950, that I last saw the deceased alive on 5/12/, 1950, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED 5/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5/15/50 | NAME OF CEMETERY OR CREMATORY Washington National Memorial Park | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 5/13/50 | REGISTRAR'S SIGNATURE Roe Weiss | 24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th ST SE WASH D.C.

52086

RECEIVED
MAY 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05354

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant Rural; LENGTH OF STAY (in this place) 14 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5885 Addison Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Seat Pleasant; STREET ADDRESS (If rural give location) 5885 Addison Road

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Louise (Last) Coates

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 6 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home duties

10b. KIND OF BUSINESS OR INDUSTRY: home duties

11. BIRTHPLACE (State or foreign country): 4 mile run Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Andrew Schultz

14. MOTHER'S MAIDEN NAME: Alice King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Robert D. Coates (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) hemiplegia	4 days
334 x Antecedent cause(s)		
83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	years
	(c) hypertension	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to May 7, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

J M Brady M D | Seat Pleasant Md | May 7 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 10 50 | NAME OF CEMETERY OR CREMATORY Addison Chapel | LOCATION (City, town, or county) Seat Pleasant | (State) Md

DATE REC'D BY LOCAL REG. May 7-50 | REGISTRAR'S SIGNATURE Carlie F. Campbell | 24. FUNERAL DIRECTOR F Gasch's Sons | ADDRESS Hyattsville Md

RECEIVED
MAY 10 1950
BUREAU V. S.
RECEIVED
MAY 10 1950
BUREAU V. S.

Evidence for addition in 18 shown on:

FILM No. G 126 JUN 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05355

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Wash D.C.
STREET ADDRESS (If rural give location) 5321 - Branch Ave SE.

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Leone (Last) Colvin

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 18 Oct 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY Public
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME William F. Anderson
14. MOTHER'S MAIDEN NAME Fannie Littleford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles E. Colvin - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auto Accident - not primary cause. (6-29-50 - ams)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Silver Hill (COUNTY) Prince Geo (STATE) MD
TIME OF INJURY (Month) Feb (Day) 22 (Year) 50 (Hour) 8 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto. Accident.

22. I hereby certify that I attended the deceased from Feb 22, 1950, to May 10, 1950 that I last saw the deceased alive on May 8, 1950 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sergie I. Eppard
ADDRESS 3304 Alabama Ave. S.E.
DATE SIGNED 5-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/13/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR W. W. Chambers
ADDRESS Co-Wash. D.C.

May 11 - 1950 OVER. 517 - 11 St. S.E. 24255

Eppard

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

coroner notified and
will approve issue of certificate

Patient received broken B.D.E.
ankle in accident prior to
death on day and month
stated.

RECEIVED
MAY 16 1950
U.S. CIVIL SERVICE

Evidence for change of spelling of surname & additions in #10, 13, 14, 17 shown on:

FILM No. G 126 MAY 22 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05356

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington - D.C.
STREET ADDRESS (If rural, give location) 5200 Temple Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) Glenn (Middle) (Last) Corkran.
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1950

5. SEX male.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single.
8. DATE OF BIRTH Dec 4-1888
9. AGE last birthday 61 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.
10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alcade Corkran
14. MOTHER'S MAIDEN NAME Corabelle Whitely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rev. Clarence Corkran, 52 Temple Hills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Uremia

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Glomerulonephritis

(c) Hypertensive Cardiovascular Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.30 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul C Van Natta M.D. Washington 19 DC May 13 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 15 - 50 NAME OF CEMETERY OR CREMATORY Washington Cemetery LOCATION (City, town, or county) Herlock Md. (State)

DATE REC'D BY LOCAL REG. 5-13-50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga AV.

27899 Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

RECEIVED
MAY 16 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05357

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland, Md.; LENGTH OF STAY (in this place) 15 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland, Maryland; STREET ADDRESS (If rural, give location) 4623 Lewis Ave, S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Maude	Criswell	May	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6-27-1902	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		St. Marys, West Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry K. Kear	Harriet Hobbs Kear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Elmer N. Criswell (Son) 4623 Lewis Ave, S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Cervix with Renal Calyces Metastases - Tapemia	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

171 x
480

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1949, to May 2, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Thibadeau		3117 - Ala Ave S.E.	May 2, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-1950	Wheeling, West Va.	Wheeling, West Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
May 2-50	Carrie F. Campbell	Martin W. Hysong Co.	1300 N Street N.W. Wash. D.C.

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15358

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 mo., 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 458 H. St., S. W. ✓

3. NAME OF DECEASED (Type or Print): (First) FLUDD (Middle) (Last) CROTELL

4. DATE OF DEATH: (Month) MAY (Day) 28 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/20/1924
9. AGE last birthday: 26 yrs. If under 1 year: Months 1 Days 8 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Char-woman
10b. KIND OF BUSINESS OR INDUSTRY: Work-
11. BIRTHPLACE (State or foreign country): Columbia, S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Fludd
14. MOTHER'S MAIDEN NAME: Sylvia Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: Lost
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — Interval Between Onset and Death: 9 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1950, to 5-28, 1950 that I last saw the deceased alive on 5-28, 1950, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 5/28/50

23. BURIAL, CREMATION, REMOVAL (Specify) to Washington | DATE THEREOF 5-30-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5/30/50 | REGISTRAR'S SIGNATURE Mol Weis | 24. FUNERAL DIRECTOR Eugene Ford — 1213-4-ST SW ADDRESS

52099

VS. A15

RECEIVED
JUN 7 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C5359

CERTIFICATE OF DEATH

Reg. Dist. No. 248

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 yrs., 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1010 Florida Avenue, N. E.

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) B. (Last) Dickey

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/20/1890
9. AGE last birthday 59 yrs. If under 1 year Months 7 Days 23 If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile trimmer
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Trenton, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wilson Dickey
14. MOTHER'S MAIDEN NAME Catherine Lawney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 577-22-5140
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs, 3 mos

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1947, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 3 35 p m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinecane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 5/13/50

23. ~~BURIAL~~, CREMATION REMOVAL (Specify)
DATE THEREOF 5/14/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington Tre (State) D.C.

DATE REC'D BY LOCAL REG. 5/15/50
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR W. W. Chambers Co. Wash. D.C. ADDRESS

49639

RECEIVED
MAY 22 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 MAY 26 1950

CERTIFICATE OF DEATH

05360

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 86 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro -
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) M. (Last) Doyle.

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12 Sept 1887
9. AGE last birthday ~~63~~ 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland -
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Benjamin E. Cranford
14. MOTHER'S MAIDEN NAME Mary Ellen Hook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Louise B. Long Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia - Carcinomatosis

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Amputated Left Breast; 9 yrs

(c) Chronic Passive Congestion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1950, to May 20, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 6 45/p m., from the causes and on the date stated above.

SIGNATURE James G. Sassen (Degree or title) M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 5-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE May 22, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. May 21, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Brothers ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05361

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George.

City or town Cheverly.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prince George.

City or town Cheverly.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3114-63rd Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME ELIZABETH DUFFY.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	white	widowed.

6.(b) Name of husband or wife JOSEPH DUFFY

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 21 - 1870

8. AGE: Years	Months	Days	If less than one day
79	4	14	..... hrs. ..... min.

9. Birthplace Wheaton. Md.
(Town, county, and state)

10. Usual occupation None. - Housewife

11. Industry or business

FATHER
12. Name ~~Hon~~ Aquila. Whidom
13. Birthplace Md.

MOTHER
14. Maiden name Emma Nichols.
15. Birthplace Md.

16. Informant Leslie J. Duffy.
Address 3114-63rd Ave.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May-8th-1950
(month) (day) (year)

Cemetery or crematory Mt Olivet Cemetery.

Location Wash. D.C.

18. Funeral director T. F. Costello

Address 1722-N Cap. N. Wash. D.C.

19. 5-4 1950 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1950, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/19 1950, to 5/4 1950, and that I last saw her alive on 5/3 1950.

Immediate cause of death Coronary heart

DURATION

Due to

Due to

Other conditions

420.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick E. Mussey, M.D. or other

Address 2409 Varnum St. Landover Hills, Md. Date signed 5/4/50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05562

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8314 Potomac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 8314 - Potomac Ave.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Rice (Last) Dwyer

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 1, 1901

9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soft Smith

10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office

11. BIRTHPLACE (State or foreign country) Berwyn Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William M. Dwyer

14. MOTHER'S MAIDEN NAME Wilhelmina Knoblock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Olive Dwyer - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of head

(c)

976x
164C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) College Park (COUNTY) Pr. Georges (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 21 (Year) 50 (Hour) 245 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self inflicted wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Maloney M.D. Dep. Med. Exam. - Cheverly - Hyattsville Md. - 5-

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/23/50

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. May 23 1950

REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR F. Gascho Sons ADDRESS Hyattsville Md

33697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 26 1950
BUREAU OF U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115363

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4552-44st. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. Ges.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood; STREET ADDRESS (If rural, give location) 4552-44st. Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) DYER

4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1838 ?

9. AGE last birthday: 112 ? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): North or South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown - (Jackson ?)

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Bertha L. Hawkins (Granddaughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia (Broncho)	3-4 days.
442 X 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis - Arteriosclerotic	4-5 yrs.
	(c) Myocarditis	2-3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While ~~at~~ ~~Not While~~ Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21-, 1950, to 5-24, 1950, that I last saw the deceased alive on 5-23-, 1950, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. H. Giller M.D. 4506 R.I. Ave Brentwood, Md 5/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 27, 50

NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery

LOCATION (City, town, or county) (State): Md.

DATE REC'D BY LOCAL REG. 5/24/50

REGISTRAR'S SIGNATURE: Amanda Mooney / James Sievers

24. FUNERAL DIRECTOR: John T. Stewart

ADDRESS: 30 "H" St. N.E. Washington, D.C.

52086

RECEIVED
MAY 27 1950
BUREAU V. R.

Evidence for change of age is shown on:

FILM No. G 126 MAY 19 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05364

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Alms House Prince George Co (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Jan 11 1943

Hospital, institution, or street address where death occurred: Alms House - Washington 19 DC

How long in hospital or institution? 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Pr George

City or town: Washington 19 DC (If outside city or town limits, write RURAL and give nearest town)

Street No. 6501 Dorsey Rd SE (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Agnes Eckton

3. (b) Social Security Number: —

4. Sex: Fem

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 30 1863

8. AGE: Years 86 ~~87~~ Months Days If less than one day ..... hrs. ..... min.

9. Birthplace: Prince George Co (Town, county, and state)

10. Usual occupation: Domestic - Retired

11. Industry or business: Alms House

FATHER

12. Name: Wm Washington Eckton

13. Birthplace: unknown

MOTHER

14. Maiden name: Jane Ellen Jenkins

15. Birthplace: unknown

16. Informant: Alms House Records

Address: Washington 19 DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5 (month) 12 (day) 50 (year)

Cemetery or crematory: St. Thomas cemetery

Location: Croom, Maryland

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Maryland

19. May 11 1950 (Date rec'd by registrar) Edna F. Pollin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1950, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1948, to May 10 1950 and that I last saw her alive on May 10 1950

Immediate cause of death: Acute congestive heart failure — DURATION: 48 hrs

Due to: Chronic Endocarditis and Cter Myocarditis — unknown

Due to: General Arterio-Sclerosis — unknown

Other conditions: —

422.1

92e (Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: — none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul C Van Natta M. D. or other

Address: Washington 19 DC Date signed: May 10 1950

52086

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05365

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Sanford	Evans	May	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 22, 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Self.	Vermont	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mike Evans	Martha Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No none	yes.	Mike Evans - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 **Immediate cause** (a) Acute congestive heart failure

170c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Shock resulting from injuries caused by Automobile collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Glenarden	Pr. Georges	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)		INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	27	50	6	p.m.			Collision of two automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D.	Dep. Med. Exam.	Cheverly Hyattsville Md	5-31-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	June 2, 1950	Washington National	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 1st 1950	Amanda Downey	W. W. CHAMBERS CO.	Riverdale Md

RECEIVED
JUN 2 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C5366

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6309 Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theodore	(FORDYGA)	Fordigar	May	19	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	Mar. 3 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furrier
10b. KIND OF BUSINESS OR INDUSTRY: Retail Fur Industry
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Fordigar
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Mrs. Mary E. Michels 6309 Balto. Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 430.0
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic Heart Disease. — 93d
(c) Acute obstructive Cholecystitis & Cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1st, 1950, to May 19th, 1950, that I last saw the deceased alive on May 19th, 1950, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David L. Clayman	M.D.	6311 Balto Ave-Riverdale Md	5/19/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 24/1950	Fort Lincoln Cem	Colmar Manor	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 21, 1950	Amanda Downey	W.W. Commodore Co	Riverdale, Md

37488

VS. A15

RECEIVED
MAY 23 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05367

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terwyn Hgts | LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8413 Cunningham Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terwyn Hgts
STREET ADDRESS (If rural, give location) 8413 Cunningham Dr

3. NAME OF DECEASED (Type or Print): (First) Cleophas (Middle) Walker (Last) Fitzgerald
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10 Dec 1877
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Bldg Trade
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Daniel M. Fitzgerald
14. MOTHER'S MAIDEN NAME: Owshen Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 577-26-3497
17. INFORMANT: Leonard M. Fitzgerald

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Metastatic Sarcoma — Interval Between Onset and Death: Nov 1949?

178x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

51C (b) Myosarcoma, Left testicle, type undet — Nov 1946

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 24 Nov 1948
19b. MAJOR FINDINGS OF OPERATION: See I (b) Above
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Neither
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 48, to May 50, that I last saw the deceased alive on 28 Apr 50, and that death occurred at 9:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clk. Etienne M.D. College Park, Md 5-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 3, 1950 | NAME OF CEMETERY OR CREMATORY: George Washington | LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: May 3 - 1950 | REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR: F Gaschs Sons Hyattsville ADDRESS: Hyattsville Md.

30879.

RECEIVED
MAY 5 1950
BUREAU V. S.

Mrs E W Fitzgerald

Lot 302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05368

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 4yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Lanham Hills; STREET ADDRESS (If rural, give location) 4900 - 72th Place,

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Rebecca (Last) Gilbert

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7/25/85

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pius Overdorff

14. MOTHER'S MAIDEN NAME: Annie Klunk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Mildred McLain.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Pulmonary embolism	10 min.
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial infarction	1 wk
	(c) Congestive heart failure	1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Hypertension, Essential	11 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to May, 1950, that I last saw the deceased alive on May 13, 1950, and that death occurred at 645 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Julius Hauffman, M.D. 5102 Annapolis Rd. Bladensburg, Md. 5/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5/16/50

NAME OF CEMETERY OR CREMATORY: Ft Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 5/16/50

REGISTRAR'S SIGNATURE: Amanda Downes

24. FUNERAL DIRECTOR: F. Tasche Sons ADDRESS: Hyattsville Md

RECEIVED
MAY 17 1950

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05369 m45

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalesing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5 Hesketh St.

3. NAME OF DECEASED (Type or Print) (First) EDWIN (Middle) (NMI) (Last) GUTHRIE
4. DATE OF DEATH (Month) May (Day) 28, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 30, 1859
9. AGE last birthday 90 yrs. If under 1 year Months 8 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.- Patent Atty.
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Louisana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Southwick Guthrie
14. MOTHER'S MAIDEN NAME Sophie Campion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Ross R. Guthrie- 5 Hesketh St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

903.5 Immediate cause (a) Fracture left hip — INTERVAL BETWEEN ONSET AND DEATH 44 days

186 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chr myocarditis — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr cystitis — 3 years

19a. DATE OF OPERATION Apr 17. 1950
19b. MAJOR FINDINGS OF OPERATION Fracture left hip
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ Fall (Specify) Fractured left femur
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street (CITY OR TOWN) Chevy Chase (COUNTY) Montgomery (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fell on pavement

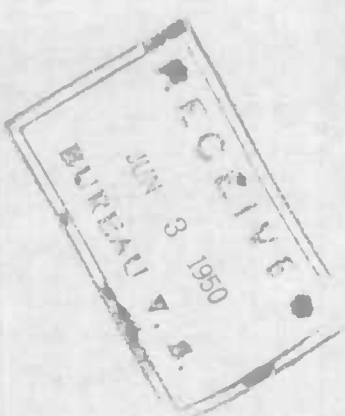
22. I hereby certify that I attended the deceased from Apr 15, 1950, to May 28, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Logan MD — ADDRESS 6001 Nevada Av. N.W. Wash. 15 DC — DATE SIGNED May 28-1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5/31/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George Co. Md.

DATE REC'D BY LOCAL REG. 5/29/50 6/1/50
REGISTRAR'S SIGNATURE Amanda Downey James Severy
24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md.

V2693


RECEIVED
JUN 3 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 345

15370

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 2 Dec.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 6214 43rd Ave.

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) (Last) Hawkins
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-15-29
9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10b. KIND OF BUSINESS OR INDUSTRY: Department store
11. BIRTHPLACE (State or foreign country): Scottdale, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Irvin E. Sowdermilk
14. MOTHER'S MAIDEN NAME: Mabel Olsen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 5-78-36-5035
17. INFORMANT: Irvin E. Sowdermilk, Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 **Immediate cause** (a) Hemorrhage & shock

170 C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severence of aorta (ascending)

(c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-23-50 3:39 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Automobile collided with telephone pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Mahoney M.D. Dep. Med. Exam. Cheverly Hyattsville Md 5-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/26/50 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: May 25 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy — 24. FUNERAL DIRECTOR: E. Gaeche Son — ADDRESS: Hyattsville Md

23663

RECEIVED
MAY 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05371

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 da. 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, M
STREET ADDRESS (If rural, give location) 3020 Queens Chapel Rd.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Harrison (Last) Hopp
4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep
8. DATE OF BIRTH 9-6-1914
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto Mechanic
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Dickenson Hopp
14. MOTHER'S MAIDEN NAME Mattie Catherine Hatcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hosp. History Sheet.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar pneumonia	5 days.
	(c) Acute Alcoholism	2 weeks

322.0 480x 108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 5 05 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD
ADDRESS Riverdale, Md
DATE SIGNED 5-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 12 1950
NAME OF CEMETERY OR CREMATORY Sharon
LOCATION (City, town, or county) (State) Middleburg Virginia

DATE REC'D BY LOCAL REG. May 12 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Norris Royston
ADDRESS Middleburg Va.

33284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05372

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Templeton Md
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Templeton Manor Md
STREET ADDRESS (If rural, give location) 5422-56 Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ELIZABETH ELEANOR BOICE JONES

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4/14/1867
9. AGE last birthday 83 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Boice
14. MOTHER'S MAIDEN NAME Margaret Patton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Wm B. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Cerebral Hemorrhage - Hemiplegia right	3 mo
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1949, to May 30, 1950, that I last saw the deceased alive on 5-30, 1950, and that death occurred at 2 30 A m., from the causes and on the date stated above.

SIGNATURE George Hageage (Degree or title) M.D. ADDRESS DATE SIGNED 5/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/2/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. May 31, 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR Gasch & Sons Hyattsville Md ADDRESS

RECEIVED
JUN 3 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05373

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts. — LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Study

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1741- Swann St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) R. (Last) Jones
4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-23-1887
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Spottswood Jones
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lottie Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 4 yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to May, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John W. Rent, M.D. 330 - 61st St. N.E. D.C. 5-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5-14-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington D.C.

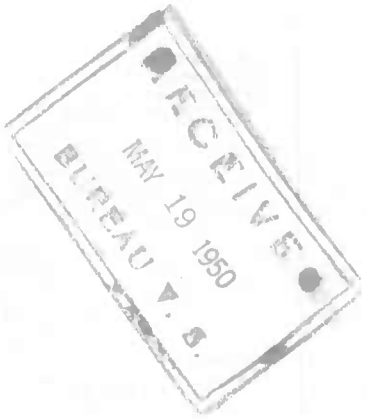
DATE REC'D BY LOCAL REG. May 14-50 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR ADDRESS H. L. Washington & Son 467 N St. N.W.

V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


ARCHIVE
MAY 19 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05374

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 yr., 1 mo., and 18 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 458 O. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) JONES, Jr. (Middle) WILLIAM (Last)

4. DATE OF DEATH: (Month) May (Day) 22nd (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/8/1928

9. AGE last birthday: 21 yrs. If under 1 year: Months 8, Days 14. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Junk Man

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Monroe, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie Jones

14. MOTHER'S MAIDEN NAME: Rose Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 579-34-7081

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 1 years & 2 months

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1949, to 5/22, 1950, that I last saw the deceased alive on 5/22, 1950, and that death occurred at 5:6 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 5/22/50

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF: 5/24/50 | NAME OF CEMETERY OR CREMATORY: Fairview Cemetery | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 5/24/50 | REGISTRAR'S SIGNATURE: Rose Coleman | 24. FUNERAL DIRECTOR ADDRESS: Daniel Leo Finucane M.D. Glenn Dale 15660 Md.

RECEIVED
MAY 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05375

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — MARYLAND LENGTH OF STAY (In this place) Deceased — HOSPITAL OR INSTITUTION OR STREET ADDRESS 7591 Livingston Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY King George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN King George Court House — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bagby (Middle) Rivers (Last) King

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: June 7 1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Bagby

14. MOTHER'S MAIDEN NAME: Annie Darcey Rollins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Eulena King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

4427
1310

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James D. Boyd M.D. — ADDRESS Forestville Md — DATE SIGNED 5-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 1-1950 — NAME OF CEMETERY OR CREMATORY Providence M.E. Cemetery — LOCATION (City, town, or county) Friendly — (State) Md

DATE REC'D BY LOCAL REG. May 29-50 — REGISTRAR'S SIGNATURE Howard J. Beall — 24. FUNERAL DIRECTOR Simmons Bros. — ADDRESS 2007-Nicholson Av. SE

Mrs Alton Davis

60499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 7 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05376

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1313 Mass., Ave., N. W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) RHEINHOLD LANGE

4. DATE OF DEATH (Month) (Day) (Year) 5 31 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated

8. DATE OF BIRTH 9/17/1894

9. AGE last birthday 55 yrs. If under 1 year Months 8 Days 14 If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman

10b. KIND OF BUSINESS OR INDUSTRY "Times Herald"

11. BIRTHPLACE (State or foreign country) Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Lange

14. MOTHER'S MAIDEN NAME Katherina ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO. 578-09-9262

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 12 months

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1950, to 5-31, 1950, that I last saw the deceased alive on 5-31-, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 5/31/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6/2/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 6/2/50 REGISTRAR'S SIGNATURE Moe Weiss

24. FUNERAL DIRECTOR Milburn L. Jinkle ADDRESS 510 C 8 N.E. Wash. D.C.

39214

RECEIVED
JUN 6 1950
BUREAU V. S.

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05377

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Ice & Fuel Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4527 Buchanan St

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) M (Last) Lizear

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Nov 15, 1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Ice Co
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Eugene Lizear
14. MOTHER'S MAIDEN NAME Margaret Hinton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James C. Lizear Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 5-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/20/50
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) Colesville Md (State)

DATE REC'D BY LOCAL REG. May 18/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

602 X3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
MAY 19 1950
BUREAU V. S.

05378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 5397 2nd Ave 12 23 pm.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) J. (Last) Lochner

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept. 27, 1897
9. AGE last birthday 52 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jacob Lochner
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Hattie O. Lochner, 106 N. Church St. Gastonia, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cachexia	2 weeks
157x Antecedent cause(s)	(b)	Ca. of Pancreas ?	?
46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Intestinal Obstruction -	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 12 23 p m., from the causes and on the date stated above.

SIGNATURE William Brannin (Degree or title) MD ADDRESS 6124 Central Ave Capitol Hgts Md DATE SIGNED 5/24/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 5-26-50
NAME OF CEMETERY OR CREMATORY Monose Cemetery
LOCATION (City, town, or county) Phila. (State) Pa.

DATE REC'D BY LOCAL REG. May 25-50
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS WASH. D.C.

49619

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05379

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): Since 1-19-1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): Cavalier Apartments

3. NAME OF DECEASED (Type or Print): (First) MONA (Middle) H. (Last) MAC GREGORY

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: About 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian

10b. KIND OF BUSINESS OR INDUSTRY: Gov. Employee

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred S. Mac Gregory

14. MOTHER'S MAIDEN NAME: Emiline Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. James Crighton 318 Rhode Island Ave Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis - Endocarditis	Many Years
	(c) Cerebral Hemorrhage - Hemiplegia	Nov. 1949

422.2
322

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17-, 1950, to 5-26-, 1950, that I last saw the deceased alive on 5-25-, 1950, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James P. Sands, M.D. Laurel Sanitarium, Laurel, Md. 5-26-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/29/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Prince Georges Co, Md.

DATE REC'D BY LOCAL REGISTRAR: May 26-50 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901-17th St. N.W. Wash. D.C.

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MAY 31 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05380

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 1½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospl

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 8 K Laurel Hill Road

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) Joanne (Last) Mangum

4. DATE OF DEATH (Month) May (Day) 20, (Year) 1950

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 18, 1950

9. AGE last birthday yrs. If under 1 year Months 1½ Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) –

10b. KIND OF BUSINESS OR INDUSTRY –

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leonard Edward Mangum

14. MOTHER'S MAIDEN NAME Joyce Lorraine Bates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

750 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Acrania or

157C (c) Anencephaly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1950, to May 20, 1950, that I last saw the deceased alive on 5/19, 1950, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE William Eisner (Degree or title) M.D ADDRESS 30 B. Ridge Rd Greenbelt DATE SIGNED 5/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/24/50 NAME OF CEMETERY OR CREMATORY Evergreen LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REG. May 21, 1950 REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville Md

2-0-6-R-0-21-2-36-4

RECEIVED
MAY 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05381

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allentown
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6201 - Allentown Road

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allentown
STREET ADDRESS (If rural, give location): 6201 - Allentown Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Benjamin (Last) Marshall

4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 20, 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Marshall

14. MOTHER'S MAIDEN NAME: Ella Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marguerite B. Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131.a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Floyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 5-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 4-50 — NAME OF CEMETERY OR CREMATORY: Bellamy Chapel Cem — LOCATION (City, town, or county) (State): Camp Springs Md

DATE REC'D BY LOCAL REG.: May 2-50 — REGISTRAR'S SIGNATURE: Howard I Beall — 24. FUNERAL DIRECTOR: Simpson Bros — ADDRESS: 2007 Nichols

XV XVI

VS. A15A

RECEIVED
MAY 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05383

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights — LENGTH OF STAY (In this place) 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 - 48th

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 409 - 48th

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Francis	McDonald	May	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Widowed	Oct 7, 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber	Bldg Constr. Co.	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William McDonald	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Rosa McDonald

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1142x **Immediate cause** (a) acute congestive heart failure

1310 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	5-2-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	May 4 1950	Glenwood Cemetery	Wash DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 2. 50	Carrie F. Campbell	Roy M Perry	4601 - 5th St N.W. Wash DC

348V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
MAY 6 1950
BUREAU V. S.

Evidence for change of age shown on:

05382

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FHM No. G 127 AUG 2 1950

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3days 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berywn
STREET ADDRESS (If rural, give location) 4915 Lackawana St

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Mc Klem (Last)

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 21, 1902

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer

10b. KIND OF BUSINESS OR INDUSTRY: Patent Dentistry

11. BIRTHPLACE (State or foreign country): Wisconson

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Max Kliener

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Intra-cranial Hemorrhage

296X Antecedent cause(s) (b) Purpura (Thrombocytopenic)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Pan-Cytopenia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1950, to 5/24, 1950, that I last saw the deceased alive on 5/23, 1950, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clk. Etienne M.D. College Park, Md 5-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE 5/29/50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: May 27 1950 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Rasche Sons — ADDRESS: Hyattsville Md

V66VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 27 1950
BUREAU V. S.

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

05384

CERTIFICATE OF DEATH

FILM No. G 126 JUN 16 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 765

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 20 hrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp — STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md. — STREET ADDRESS (If rural, give location) 1516 Chillum Road.

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) M.C. (Last) Navara

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1912

9. AGE last birthday: 37 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Rosie Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

917.0 **Immediate cause** (a) Dyspnea & shock -

181 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree burns of body.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Hyattsville — (COUNTY): PG. — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 4, 1950 m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Bedclothing started smouldering while deceased slept. Possibly due to heating pad (6/16/50 akc)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John D. Mahoney M.D. — ADDRESS: Dep. Med. Exam. Cheverly - Hyattsville, Md — DATE SIGNED: 5-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: May 9 1950 — NAME OF CEMETERY OR CREMATORY: Fort Olivet — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: May 6 1950 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS: 3821-14th St. N.W. Wash. D.C.

RECEIVED
MAY 8 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05385

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4009 Branch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4009 Branch Ave

3. NAME OF DECEASED (Type or Print): (First) Kathleen (Middle) Helen (Last) Mellberg

4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 26, 1903

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Altoona, Penn

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George M Wilson

14. MOTHER'S MAIDEN NAME: Ida Beech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 578-16-8131

17. INFORMANT: Bernard I Mellberg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

170x **Immediate cause** (a) Toxemia, exhaustion

50 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of breast

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James J. Boyd M.D. | Forestville Md | 5-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4-May-1950 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: May 2-50 | REGISTRAR'S SIGNATURE: Carrie F. Campbell | 24. FUNERAL DIRECTOR: W M Chambers | ADDRESS: Washington DC

VS. A15A

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05386

Reg. Dist. No. 23 K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — LENGTH OF STAY (In this place) Statement
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glon-Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS Livingston Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 525- 14th St N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Goodhand	Merritt	5	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	June 12, 1908	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Navy	Retired	Virginia	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sebastian Merritt	Cecile Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes W. II		Anna Marie Merritt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and shock

(c)

823.5
170C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Glon Hill	P. G.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
5-5-50 12:30 A.M.		Driver of a car that ran off Highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	5-5-50

23. BURIAL ☒ CREMATION ☐ REMOVAL ☐ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	5-5-50	Arlington Nat.	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6	Amanda Downes	W. W. Chambers Co	517-11th St SE

1950 Mrs Alton Davis

6089/6

RECEIVED
MAY 16 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05387

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bettsville Md
STREET ADDRESS (If rural, give location) #3 Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Oleta (Last) Midkiff

4. DATE OF DEATH (Month) 5 (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5-25-50
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laurel Pr. Geo. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cecil Glenn Midkiff
14. MOTHER'S MAIDEN NAME Georgia Quesinberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. C. G. Midkiff Bettsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 Immediate cause (a) Premature

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mother lifting another child

(c) membranes ruptured 6 wks ago. Threatening Since

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7 mo-

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 25, 1950, to 5 25, 1950, that I last saw the deceased alive on 5 25, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B P Warren ADDRESS Laurel Md DATE SIGNED 11-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/27/50
NAME OF CEMETERY OR CREMATORY Mountain Plains
LOCATION (City, town, or county) (State) Hillsville Va

DATE REC'D BY LOCAL REG. May 26
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons Hyattsville Md ADDRESS

2-6-5-25-0-19-28-50 Mr. Brashears

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I T VS. A15

RECEIVED
MAY 31 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05388

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5042-38th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5042 38th Ave.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Ethel (Last) Mather

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fedore Bobon

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Oscar Gold - Son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442x **Immediate cause** (a) Cg - congestive heart failure

1310 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney - M.D. Dep Med Exam. Cheverly - Hyattsville, Md 5-31-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/1/50 — NAME OF CEMETERY OR CREMATORY: Mt Lebanon Cemet — LOCATION (City, town, or county) (State): Long Id N.Y.

DATE REC'D BY LOCAL REG. May 31, 1950 — REGISTRAR'S SIGNATURE James Seney

24. FUNERAL DIRECTOR — ADDRESS: B Danzansky & Son 3501 - 14 St N W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 3 1950
BUREAU P. R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05389

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wells Corner — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Putuxnet River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 20 14th N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George William		Mooney Jr.	5	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	6/22/35	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George William Mooney	Genevieve M. Goods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			George William Mooney Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditinne, If any, giving rise to tbe above cause stating the underlying cause last (b) Gun shot wound of the chest and abdomen

(c)

984 X
166 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	at place of death	Wells Corner	P. G.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5/5/50 7:00P.M.		Shot by a police officer

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M. D.	Forestville, Md.	5/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	5/6/50	Wheatley Funeral Home,	Alexandria	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		J. S. Everly	Alexandria, Va.

May 6-1950 Edna F. Gelini

RECEIVED
MAY 12 1950
BUREAU V. S.

05390

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Bowie md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr. Geo.
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) PHEOBE (Middle) E (Last) MOORE

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE Cul
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sep 30/1868
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (State or foreign country) Crown md
12. CITIZEN OF WHAT COUNTRY? Prince George

13. FATHER'S NAME Cillike Bonds
14. MOTHER'S MAIDEN NAME unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. non
17. INFORMANT miss Alice Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Insufficiency	10 days
Antecedent cause(s)	(b) Generalized Arteriosclerosis	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardiovascular Disease	years

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to May 28, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE T. Richard Conney (Degree or title) M.D. ADDRESS Bowie, Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE June 1, 1950 NAME OF CEMETERY OR CREMATORY upper marbo LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 28, 1950 REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling
24. FUNERAL DIRECTOR Robert S. Snouck ADDRESS Rockville Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05391

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gabriel (Middle) (Last) MORAN

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 4 - 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Tenant farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daughter, Mrs. Helen Garner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Tamponade.	1 hr
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured Left Ventricular wall (Heart).	2 hrs
	(c) Myocardial Thrombosis -	4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive arteriosclerotic Heart Disease	2 yrs

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to May 27, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 9:55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Sasscer M.D. — Upper Marlboro, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 30, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.: May 29, 1950 — REGISTRAR'S SIGNATURE: R. Bruff Smith

24. FUNERAL DIRECTOR: Ritchie Bros. Upper Marlboro — ADDRESS: Md.

RECEIVED
JUN 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05392

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1514 Marlboro Garden

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside
STREET ADDRESS (If rural, give location) 205 Randolph Road

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Conley (Last) Mullen
4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Dec 4, 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Mullen
14. MOTHER'S MAIDEN NAME Margaret Trigger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bessie Mullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 5-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 10-1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Pr. Geo. Co. (State) Md
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR J. William Lees Sons Co. ADDRESS 300-4th St. N.E. Wash. D.C.

May 7-1950

35699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 12 1950
BUREAU V. S.

05393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale.
STREET ADDRESS (If rural, give location): 6201 - New York Place

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Joseph (Last) Munroe
4. DATE OF DEATH: (Month) 5 - (Day) 20 - (Year) 1950
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 10/12/85
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printing Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Printing off. Govt. Industry
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Munroe
14. MOTHER'S MAIDEN NAME: Susan Hines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Isabel Murray - 8 - Summett Ave., Rye, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157x Immediate cause (a) Toxemia, Carcinomatosis

Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastric ulcer with Hemorrhage

(c) Primary Carcinoma - Pancreas.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1946, to 5-20, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: A Deetz (Degree or title) M.D. — ADDRESS: Rochelle, Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: May 23, 1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): New Rochelle, N.Y.

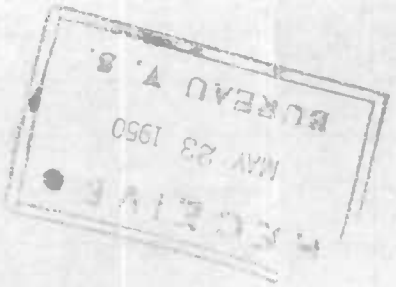
DATE REC'D BY LOCAL REG.: 5/21/50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: W W Chambers Co. — ADDRESS: Riverdale, Md.

39297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05394

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Meadows — LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6228-20th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Meadows
STREET ADDRESS (If rural, give location) 6228-20th Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Patrick	Myers	May	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Oct. 25, 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper Metalworker	U.S. Naval Gun factory	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Myers.	Annie O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Spanish American		Joseph R. Myers - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J Maloney	M.D. Dep. Med. Exam.	Cheverly-Hyattsville, Md	5-1-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 4-1950	Mt Olivet Cem.	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 1, 1950	Mrs. Jas. Lavere (Deputy)	T F Costello	1722-N. Cap St. Wash. D.C. 4697

VS. A15A

RECEIVED
MAY 3 1960
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05395 243

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 month and 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4914 A. St., S. E.

3. NAME OF DECEASED (Type or Print) (First) BENNIE (Middle) (Last) NEWMAN
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/24/1893
9. AGE last birthday 57 yrs. If under 1 year: Months 1, Days 23; If under 24 hrs.: Hours –, Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Co. of W. Moreland, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jimmie Newman
14. MOTHER'S MAIDEN NAME Addie Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis. — Interval between onset and death: 10 months

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1950, to 5-17, 1950, that I last saw the deceased alive on 5-17, 1950, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Daniel Lee Finucane M.D. Glenn Dale Sanatorium Glenn Dale, Maryland 5/17/50

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF 5/22/50 | NAME OF CEMETERY OR CREMATORY Lincoln Memorial | LOCATION (City, town, or county) Prince Georges County (State) Md

DATE REC'D BY LOCAL REG. 5/18/50 | REGISTRAR'S SIGNATURE Not Seen | 24. FUNERAL DIRECTOR John L. Robinson Co ADDRESS 901-3 St SE

2726

RECEIVED
MAY 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05396

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Muirkirk
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport News
STREET ADDRESS (If rural give location) 405 - F. St. - Copeland Park

3. NAME OF DECEASED (Type or Print) (First) Randolph (Middle) (Last) Noblin

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 18, 1916
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Joiner
10b. KIND OF BUSINESS OR INDUSTRY Ship & boat
11. BIRTHPLACE (State or foreign country) Charlotte County, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Richard Noblin
14. MOTHER'S MAIDEN NAME Mary Seeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Arlene Faster Noblin - Wife.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock. Laceration of brain.

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound - comminuted fracture of skull.

170c

(c) scapula & femur - Automobile accident.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Muirkirk (COUNTY) Pr. Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 15 - 50 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly, Hyattsville, Md 5-15-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/15/50
NAME OF CEMETERY OR CREMATORY Peninsula Funeral Home
LOCATION (City, town, or county) (State) Newport News Va

DATE REC'D BY LOCAL REG. 5/15/50
REGISTRAR'S SIGNATURE Amanda Downey John D. Smith
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md

30841

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05397

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2 Mo., 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3933 Daivs Place, N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOLA	V.	O'NEILL	MAY	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	2/10/1916	34 yrs.	3	19	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Ogden	Julia E. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No —	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	5 yr. 5 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculous Empyema	4 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from MAR. 27, 1950, to MAY 29, 1950, that I last saw the deceased alive on MAY 29, 1950, and that death occurred at 11:35 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 5/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/1/50	Cemetery at	Millersville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/50	Alol Weiss	The S. H. Hines Co	2901-14th St. N.W. Washington D.C.

RECEIVED
JUN 7 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05398

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 9327 Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) SAMUEL (Last) PARKER
4. DATE OF DEATH (Month) May (Day) 9, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 2/16/1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant (retail)
10b. KIND OF BUSINESS OR INDUSTRY own business
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Parker
14. MOTHER'S MAIDEN NAME sanderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Stewart Parker Berwyn Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Congestive Heart Failure	1 wk
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular Heart Disease	10-20 yrs
92d	(c) Arteriosclerotic Heart Disease	10-20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to May, 1950, that I last saw the deceased alive on 8 May 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ch. Eleanor Mr. D. ADDRESS College Park, Md DATE SIGNED 5-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/12/50
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) (State) Beltsville Md

DATE REC'D BY LOCAL REG. May 12-1950
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR F Gascha Sons ADDRESS Hyattsville Md

15679

RECEIVED
MAY 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

05399

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS B & O Railroad tracks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 4913 Somerset Place

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jane (Last) Peck
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 11, 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY 9.5 A

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Lila Poindexter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Edward H. Watt Jr. Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

979X Immediate cause (a) Hemorrhage & shock

164P Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple amputations of parts of body

(c) Struck by B & O passenger train

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY R.R. Tracks (CITY OR TOWN) Riverdale (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) May (Day) 20 (Year) 1950 (Hour) 10.45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by B & O Passenger train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly Hyattsville Md. DATE SIGNED 5-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5/23/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. May 23 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)
24. FUNERAL DIRECTOR F. Gaskins Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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T

MAY 28 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05400

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — LENGTH OF STAY (In this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7273 Walker Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — STREET ADDRESS (If rural, give location): 7273 Walker Mill Road

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Louise (Last) Pessagno

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-27-97

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Stinson

14. MOTHER'S MAIDEN NAME: Marie Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph Pessagno

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Coronary thrombosis

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyle — (Degree or title): M.D. — ADDRESS: Forestville Md. — DATE SIGNED: 5-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-25-50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: May 24-50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR — ADDRESS: W. H. Chambers & Wash. D.C.

VS. A15A

RECEIVED
MAY 26 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05401

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)

LENGTH OF STAY (in this place) 10 mo., 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1523 R.I. Ave., N. W.

3. NAME OF DECEASED (Type or Print) (First) AMY (Middle) J. (Last) PETERSON

4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated

8. DATE OF BIRTH 7/15/1900

9. AGE last birthday 49 yrs. If under 1 year Months 9 Days 28 If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Crown's 10¢ Store, 813 N. Capitol St.

11. BIRTHPLACE (State or foreign country) Upper Marlboro, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Smith

14. MOTHER'S MAIDEN NAME Bertha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –

16. SOCIAL SECURITY No. 577-18-2094

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis.	6 years
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	8 months
13b	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1949, to 5-11, 1950, that I last saw the deceased alive on 5-11-, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 5/11/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 5/15/50 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 5/12/50 REGISTRAR'S SIGNATURE Moe Weiss

24. FUNERAL DIRECTOR J. H. Chambers Co ADDRESS 517-11th STSE WASHDC

29863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

RECEIVED
MAY 17 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05402

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
LENGTH OF STAY (In this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5102 W

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural, give location) 5102 W

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Campbell (Last) Pippen
4. DATE OF DEATH (Month) 5 (Day) 14 (Year) 50

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/29/05
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Library of Congress
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Russell L. Pippen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiorespiratory failure

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute barbiturate poisoning

163B

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

SIGNATURE James I. Bond (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 5/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/18/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 5/18/50
REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell
24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville Md ADDRESS

26697

RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05403

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beaver Heights; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4606 Addison Road. STATE: MARYLAND. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beaver Heights; STREET ADDRESS (If rural, give location): 4606 Addison Road

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Arthur (Last) Robertson

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 14 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lumber

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry B Robertson

14. MOTHER'S MAIDEN NAME: Lunetta Cahill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): prob 1916

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Buechling - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 x

Immediate cause (a) Pr. congestive heart failure

1310

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Maloney M D Dep Med Exam Cheverly Hyattsville Md 5-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 5/25/50 NAME OF CEMETERY OR CREMATORY: Arlington Memorial LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: May 24/50 REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F Gosela Son Hyattsville Md

3 4 8 9 5

RECEIVED
MAY 25 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05404

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 1 mo., 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 214 C. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) CLINTON (Last) ROBINSON

4. DATE OF DEATH: (Month) May (Day) 20th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/28/1885

9. AGE last birthday: 64 yrs. If under 1 year: Months 4, Days 22; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper vendor

11. BIRTHPLACE (State or foreign country): Mt. City, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Robinson

14. MOTHER'S MAIDEN NAME: Armenia Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yrs

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) — Interval Between Onset and Death: 2 mos

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1950, to 5/20, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) MD ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 5/20/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5/22/50 | NAME OF CEMETERY OR CREMATORY District of Columbia Harmony | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 5/22/50 | REGISTRAR'S SIGNATURE Not Well

24. FUNERAL DIRECTOR ADDRESS Daniel Leo Finucane MD Glenn Dale Md

98860

RECEIVED
MAY 27 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05405

Reg. Dist. No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 30 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4104 Guernsey Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 6202-42nd Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hermain		Rosin	May	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	Nov. 15, 1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Realtor	Real Estate	Russia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moses Aaron	Masha Reva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Nathan H. Alahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep. Md. Exam.	Cheverly Hyattsville, Md	5-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/8/50	National Cap. Memorial	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 9, 1950	James Sevey	R. Danganaky Sons	3501-14th St. N.W. Wash D.C.

27681

VS. A15A

RECEIVED
MAY 9 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05406

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md.
STREET ADDRESS (If rural, give location) 830 Kingston Road

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) FRANZREB (Last) SCHOPP
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: January 11-1870
9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Frangreb
14. MOTHER'S MAIDEN NAME: — unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Louis D. Schopp 830 Kingston Road Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	many years
334X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteris-sclerosis	16 years
	(c) Arteris sclerotic Brain Disease	16 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1949, to 5-14, 1950, that I last saw the deceased alive on 5-14, 1950, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands, M.D. ADDRESS Laurel Sanitarium, Laurel Md. DATE SIGNED 5-14-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5/17/50 | NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. | LOCATION (City, town, or county) (State) Balto Md

DATE RECD BY LOCAL REG. 5/16/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto Md

Dm.

VS-A 13

05407

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

(3)

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 603 Irving St., N. W.

3. NAME OF DECEASED (Type or Print) (First) RUTH (Middle) B. (Last) SCOTT
4. DATE OF DEATH (Month) MAY (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/27/1919
9. AGE last birthday 30 yrs. If under 1 year Months 6 Days 14 If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Lynchburg, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Calvin Bland
14. MOTHER'S MAIDEN NAME Sara ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Pulmonary Tuberculosis	9 mo.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) and Tuberculous Peritonitis	3 da.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1950, to MAY 11, 1950, that I last saw the deceased alive on MAY 11, 1950, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 5/11/50

23. BURIAL, CREMATION REMOVAL (Specify) to Washington DC
DATE THEREOF 5-11-1950
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 5/12/50
REGISTRAR'S SIGNATURE Noe Weiss
24. FUNERAL DIRECTOR Frazier's Funeral Home ADDRESS 389 Rd Ave 2669 Wash DC

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05408

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lempleton Manor | LENGTH OF STAY (In this place) 7 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5409-56th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lempleton Manor
STREET ADDRESS (If rural give location) 5409-56th Place

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Arthur (Last) Sebastian
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-15-1905	45 yrs.				

10a. USUAL OCCUPATION (Give Kind of work done during most of working life, even if retired): Asbestos Worker
10b. KIND OF BUSINESS OR INDUSTRY: Insulation Clarke & Baredon Co.
11. BIRTHPLACE (State or foreign country): Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Sebastian
14. MOTHER'S MAIDEN NAME: Flora Hackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Evelyn Sebastian, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 420.1 9th	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam.	Cheverly-Hyattsville, Md	5-8-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-9-50	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8, 1950	James Devey	L. Gasche Sons	Hyattsville Md.

49628

RECEIVED
MAY 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05409231

Reg. Dist. No. ~~1787~~

1. PLACE OF DEATH · COUNTY Pr. Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly ~~Brentwood~~ — LENGTH OF STAY (in this place) ~~2 yrs~~	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp	STREET ADDRESS (If rural, give location) 4001 - 38th St.

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle)	(Last) SHACK	4. DATE OF DEATH	(Month) May (Day) 12 (Year) 1950
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH About 1872	9. AGE last birthday 77 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? Canada		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS MAX SHACK			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Myocardial Infarction	3 Hrs.
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery Thrombosis	3 Hrs.
	(c) arteriosclerotic Heart Disease	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1949, to May 12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Sugar	MD	Mt Rainier, Md	May 12 '50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Removal	DATE 5/12/50	NAME OF CEMETERY OR CREMATORY Eleanor Roosevelt Cemetery	LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REG. 5/12/50	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR Sidney Funeral Home	ADDRESS 4217 9th St

License #238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1950
BUREAU T. S.

05410

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills
STREET ADDRESS (If rural give location) 7522 - 0 C. Street

3. NAME OF DECEASED (Type or Print): (First) Glenn (Middle) Warren (Last) Shotwell
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan 30, 1940	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Washington, DC	U.S.A.

13. FATHER'S NAME: Claude Aveno Shotwell
14. MOTHER'S MAIDEN NAME: Warrena Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT: Mrs. Warrena Shotwell - mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.9 **Immediate cause** (a) Cerebral compression

1860 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epidural hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Carmody Hills (COUNTY) Pr. Geo (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 1 - 50 4.30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Fell from tree, struck head on stone

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Examiner — Cheverly-Hyattsville Md — 5-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5/6/1950 — NAME OF CEMETERY OR CREMATORY Fairfax Cem. — LOCATION (City, town, or county) (State) Fairfax, Va.

DATE REC'D BY LOCAL REG. 5/4/50 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR W. W. Commocks Co. — ADDRESS Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05411

FILM No. G 123 MAY 8 1950 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyatts. Md. — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 - 42nd Ave MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist of Col. COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. — STREET ADDRESS (If rural, give location) 1310 Allison St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Genevieve (Middle) A. (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Oct. 12-1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Shine

14. MOTHER'S MAIDEN NAME: Genevieve Shine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: J.F. Costello, 1732 N. Cap St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1950, to 5-1, 1950 that I last saw the deceased alive on 5-1-50, 19....., and that death occurred at 5:50A m., from the causes and on the date stated above.

SIGNATURE: John P. Clum (Degree or title): M.D. ADDRESS: Hyattsville Md DATE SIGNED: 5-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 3-1950 — NAME OF CEMETERY OR CREMATORY: Arlington Natl. — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: May 1, 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy) — 24. FUNERAL DIRECTOR: T.F. Costello — ADDRESS: Wash. D. C.

RECEIVED
MAY 2 1950
BUREAU V. S

05412

242

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 224

1. PLACE OF DEATH:

County: Prince Georges Co

City or town: Bradbury Heights (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Pr. Geo's Co.

City or town: Bradury Heights (If outside city or town limits, write RURAL and give nearest town)

Street No. 5103 - R. St. SE (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George R. Snider

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec. 5th 1949

8. AGE: Years | Months: 5 | Days: 14 | If less than one day ... hrs. ... min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: George R. J. Snider

13. Birthplace: Wash DC

MOTHER

14. Maiden name: Helen D. Meeks

15. Birthplace: Norfolk Va.

16. Informant: George R. J. Snider

Address: 5103 - R. ST S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 20-1950 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland, Maryland

18. Funeral director: Simmons Bros.

Address: 2007 - Nichols ave SE. Wash DC

19. May 19 1950 (Date rec'd by registrar) [signature] Registrar

9-0-V-19-9-000001R

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19th 1950, at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1949 to May 18 1950 and that I last saw her alive on 5-17-50 19

Immediate cause of death: Spina bifida

Due to

Due to

Other conditions

751x 157b (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Alchwartzman M. D. or other

Address: 2015 Nichols Av Date signed: 5/19/50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1960
BUREAU W.&M.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05413

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Accokeek Auto Sales

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4548 3rd S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernon	Joseph	Staley	5	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 25/18	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldied	U.S.Army	Coleman, S. D.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Staley	Margaret Haley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes			Ethel Jean Staley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral compression	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of internal caretid artery at	
(c) aneurysmal dilatation	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

983X
168

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	at place of death	Accokeek	P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	25	50	8:00P			Struck during a altercation

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒ *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Bond	M.D.	Forestville, Md.	5/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/29/50	Arlington National	Arlington, Virginia.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26 1950	R. Lewis Smith	W. W. Chambers	Washington, D.C.

60546

RECEIVED
MAY 29 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

05414

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6905 Varnum St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural give location) 6905 Varnum Street

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) Gladys (Last) Stewart

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17, 1906

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Hazleton, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeremiah E. Waite

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Waldo D. Stewart - Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation	
974X 164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hanging	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) Landover Hills (COUNTY) Pr. Geo (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-24-50 m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hanging —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville Md 5-24-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/27/50 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: May 26 50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville Md

VS-A15A

RECEIVED
MAY 29 1950
BUREAU V. S.

05415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 20 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Irving	(Middle) B.	(Last) Traband	4. DATE OF DEATH	(Month) May (Day) 13 (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Aug 8-1883	9. AGE last birthday: 66 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME: Charles Traband	14. MOTHER'S MAIDEN NAME: Priscilla Dove				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Irving B. Traband, Jr. (Solomons, Md)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	10 minutes
Antecedent cause(s)	(b) Operation for Intestinal Obstruction	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) due to Appendices Epiploicae	2 months
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 years

578x
122b

19a. DATE OF OPERATION: May 3 1950	19b. MAJOR FINDINGS OF OPERATION: See # 18-b	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 10, 1950, to May 13, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 2 21/4 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James G. Sasscer		Upper Marlboro - Md	5-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-16-50	Trinity Episcopal	Upper Marlboro	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 15 1950	R. Cruz Smith	Ritchie Bros.	Upper Marlboro Md.

22295

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 17 1950
BUREAU V. S.

05416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105
Local " " 240

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Westwood, Md.
LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westwood, Md (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md.
STREET ADDRESS (If rural, give location) Laurel, Md

3. NAME OF DECEASED (Type or Print) (First) ~~William~~ James (Middle) (Last) Valentine

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1874
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Farmhand Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Juanita Wilkes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Congestive Heart Failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1950, to May, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE Clifton R. Hines (Degree or title) M.D. ADDRESS Upper Marlboro Md. DATE SIGNED May 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Remove
DATE THEREOF May 26-50
NAME OF CEMETERY OR CREMATORY Payne Cemetery
LOCATION (City, town, or county) Washington (State) Dc

DATE REC'D BY LOCAL REG. 5/23/50 5/24/50
REGISTRAR'S SIGNATURE M. L. Monroe F. H. Billingsley
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS 000 W Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1950
BUREAU V.S.

4[illegible] Landover St
M

Grace Day

7222-8

MARYLAND STATE DEPARTMENT OF HEALTH

05417

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3207 Otis Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer
STREET ADDRESS (If rural, give location) 3207 Otis Street

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) (Last) Van Huyzen

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 3, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY: Employee Dietrich Eyers

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? Dutch

13. FATHER'S NAME: Herman Van Huyzen

14. MOTHER'S MAIDEN NAME: Edda Vanzaas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sophie Van Huyzen Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med Exam. Cheverly Hyattsville, Md. 5-8-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 10, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland, Md. Pr. Geo. Co.

DATE REC'D BY LOCAL REG.: May 9, 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy — 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Walley 3200 R.I Ave. Mt. Rainer, Md

34099

VS. A15A

RECEIVED
MAY 11 1950
BUREAU A. S.

Ready mitchellville

05419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mitchellville
LENGTH OF STAY (in this place): 59 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mitchellville
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) R. (Last) Walker

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 25 Sept 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward S Walker

14. MOTHER'S MAIDEN NAME: Sophronia Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wife As above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Congestive Heart Failure — Interval Between Onset and Death: 1 year.

124 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary artery disease — 2-3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirhosis of Liver — 8 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to May 16, 1950, that I last saw the deceased alive on 5/10/1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE: Albert Roth (Degree or title) M. D. ADDRESS: 5007 Rhode Island St, Riverdale Md DATE SIGNED: 5/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 19 May 1950 — NAME OF CEMETERY OR CREMATORY: Mt Oak Cemetery — LOCATION (City, town, or county) (State): Mitchellville Md

DATE REC'D BY LOCAL REG.: May 18 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. Daschbach Sons — ADDRESS: Hyattsville, Md

50 Louise H Peach
Mrs. Agnes M. Jungling 5-26-50

RECEIVED
MAY 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05418

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 mo., 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2610 L. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) WALLACE, (Middle) L (Last) MILTON

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6/4/1891

9. AGE last birthday: 58 yrs. If under 1 year: Months 11 Days 14; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Painter

10b. KIND OF BUSINESS OR INDUSTRY: General Auto Pa., 2015 L. St. NW

11. BIRTHPLACE (State or foreign country): Bryan, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Wallace

14. MOTHER'S MAIDEN NAME: Ada C. Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 579-10-6917

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 6 months

002x

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-, 1950, to 5-18, 1950, that I last saw the deceased alive on 5-18-, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED 5/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5/18/50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Parklawn Inc D.C.

DATE REC'D BY LOCAL REG. 5/18/50 — REGISTRAR'S SIGNATURE not seen

24. FUNERAL DIRECTOR Joseph F. Birch Sons — ADDRESS Washington D.C.

45884

RECEIVED
MAY 24 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05420

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince Georges

City or town: College Pk.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: College Pk Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4331 Rowalt Dr

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: DAVID WEINTRAUB

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	W	married

6.(b) Name of ~~husband or~~ wife: Kate

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): About 1880

8. AGE:

Years	Months	Days	If less than one day
69			..... hrs. ..... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: —

FATHER

12. Name: Harry Weintraub

13. Birthplace: Russia

MOTHER

14. Maiden name: Unk

15. Birthplace:

16. Informant: Wm. King

Address: 4331 - Rowalt Dr.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 9-1950 (month) (day) (year)

Cemetery or crematory: The Montefiore Cemetery L.I.

Location: New York N.Y.

18. Funeral director: B. Danzansky & Son

Address: 3501-14th St. N.W.

19. May 9th 1950 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Sec'y Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9th 1950, at 0:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1950, to May 9th 1950 and that I last saw him alive on May 6th 1950

Immediate cause of death: Bronchopneumonia — DURATION: 4 days

Due to: Carcinoma of the Lung — 1 year

Due to:

Other conditions:

163X (Include pregnancy within 8 months of death)

Major findings of operations: 47d Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Ronald S. Fleischer M.D. M. D. or other

Address: 5432 Queens Chapel Rd Hyattsville Md Date signed: 5/9/50

VS A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05421

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Princes George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospital 4408 Queensbury Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hanover
STREET ADDRESS (If rural, give location): PO Box 249 Rt 1 ✓

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) [redacted] (Last) Welles
4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-7-1900
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick [redacted] Slater
14. MOTHER'S MAIDEN NAME: Angela Sellner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Bertha M. Campion 1952 Bell Ave., Halethrop, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153x Immediate cause (a) Peritonitis — Acute

46.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Colon.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-4-50
19b. MAJOR FINDINGS OF OPERATION: Resection Colon
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/50, to 5/11/50, that I last saw the deceased alive on 5-11-50, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE: N Bernard (Degree or title) ADDRESS: Laurel DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-15-50 — NAME OF CEMETERY OR CREMATORY: Meadowridge — LOCATION (City, town, or county) (State): Howard Coun[illegible] Md.

DATE REC'D BY LOCAL REG.: 5/15/50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Geo. L. Schwab 2101 Frederick Ave. Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05422

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville, Maryland
STREET ADDRESS (If rural, give location): 4509 Buchanan Street

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) Weyforth

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 12, 1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Landlow Swank

14. MOTHER'S MAIDEN NAME: Louisa W. Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Carl Weyforth Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema

420.1 Antecedent cause(s)

94 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive Infarction Left Anterior descending coronary artery

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1950, to 5-7, 1950, that I last saw the deceased alive on 5-7, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. Dertz M.D. — ADDRESS: Hyattsville Md — DATE SIGNED: 5-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/10/50 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 5/9/50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasche Sons — ADDRESS: Hyattsville Md

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MAY 10 1950
BUREAU V. S.

05648

Evidence for addition in #21 shown on:

FILM No. G 1 28 SEP 25 1950

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Dodge Park — LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Geo Palmer Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 729 - 3rd St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Williams

4. DATE OF DEATH (Month) May (Day) 31 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-2-16
9. AGE last birthday 34 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Cred
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Giles Alford
14. MOTHER'S MAIDEN NAME Lula (Last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah L. Alford - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

983X Immediate cause (a) Hemorrhage & shock

168 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral lacerations

(c) Fractured skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Near Dodge Park (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-31-50 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? HOMICIDE (9-25-50 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒ at this time.*

SIGNATURE John J. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly Hyattsville, Md DATE SIGNED 6-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF June 1, 1950 NAME OF CEMETERY OR CREMATORY 29 H St. N.W. Wash. D.C. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-1-50 REGISTRAR'S SIGNATURE Amanda Downey Carrie L. Campbell
24. FUNERAL DIRECTOR Carver Memorial Fun. Ser. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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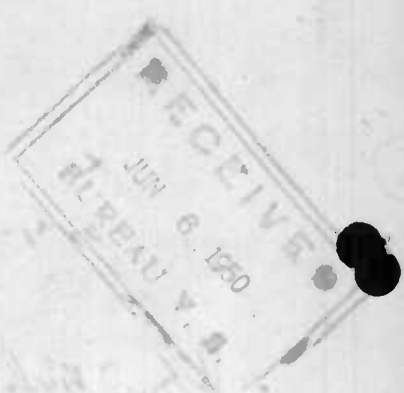
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JUN 6 1950
ALBANY, N.Y.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05423

Reg. Dist. No. 281

1. PLACE OF DEATH · COUNTY: Prince George · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly · LENGTH OF STAY (In this place): 10 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen'l	STREET ADDRESS (If rural, give location): 2618 Evarts St NE

3. NAME OF DECEASED (Type or Print)	(First) Baby Patricia	(Middle) Wright	(Last) Wright	4. DATE OF DEATH	(Month) May	(Day) 17	(Year) 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: Feb 26 - 1950	9. AGE last birthday: 2½ mos	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Cheverly, Pr. Geo		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: John E Wright			14. MOTHER'S MAIDEN NAME: Sophia Phillips				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: T.F. Costello, 1722 N. Cap. St				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4 Immediate cause (a) Acute Heart Failure.

157e Antecedent cause(s) (b) Bronchopneumonia, Pulmonary Congestion

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cardiomegaly (Myocarditis).

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1950, to 3/17, 1950, that I last saw the deceased alive on 3/16, 1950, and that death occurred at 1 50/A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julius Kauffman, M.D.		5102 Annapolis Road Bladensburg, Md.	3/17/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 18-1950	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/17/50	Amanda Downey	T.F. Costello	1722 - N. Capt. St Wash. D.C.

2-0-2-26-0-25-1-36-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 18 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 4821 Osage St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Margaret Emma Zeltman

4. DATE OF DEATH (Month) (Day) (Year) 5-2-50 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-15-1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry F. Meredith
14. MOTHER'S MAIDEN NAME Sarah Ann Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ellen Thayer, Catonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442x	Immediate cause	(a) Cardio - Renal - Vascular	years
131a	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio Sclerosis	years
		(c) unknown	✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None ✓

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from July 1, 1949 to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 6.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Guy W Latimer MA 4313 Gallatin St Hyattsville Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-4-50
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Pfieffers Corner, Md.

DATE REC'D BY LOCAL REG. 5/4/50
REGISTRAR'S SIGNATURE John B. Lingham
Per. B. Dr. D. Smith

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 8 1950
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